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30-Oct-2017 10:37

PereGonza Law Group

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Division of Corporations

10/30/17, 10:29 AM

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : PEREGONZA LAW GROUP, P LLC  
Account Number : T20160000078  
Phone : (786)650-0202  
Fax Number : (786)650-0200

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: pergonza@pergonza.com

17 OCT 30 PM 7:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
GLOBAL NUTRITION PROFESSIONALS - CONSULTING, LLC

2017 OCT 30 AM 11:51

TALLAHASSEE, FLORIDA

*[Signature]*  
10/31/17

Certificate of Status	0
Certified Copy	0
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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GLOBAL NUTRITION PROFESSIONALS - CONSULTING, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUAN J. PEREZ

Name of Person

PEREGONZA LAW GROUP, PLLC

Firm/Company

1414 NW 107TH AVE SUITE 302

Address

DORAL

City/State and Zip Code

OFFICE@PEREGONZA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN J. PEREZ

at (786) 650-0202

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: GLOBAL NUTRITION PROFESSIONALS - CONSULTING, LLC

2. (a) 6900 SW 44TH ST. Principal office address of limited liability company. (b) 6900 SW 44TH ST. Mailing address of limited liability company. (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) 210 210 MIAMI, FL 33155 UN MIAMI, FL 33155 UN

3. 07/25/2017 Date of filing/registration in Florida 4. L17000158958 Document number

5. (a) TRAK-FELLERMEIER, MARIA A, DR Registered Agent and Registered Office shown on the records of the Florida Dept. of State.

6900 SW 44TH ST., APT 210 Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 210 MIAMI, FL 33155

(b) PEREGONZA LAW GROUP, PLLC Enter name of NEW Registered Agent and/or NEW Registered Office address 1414 NW 107TH AVE NEW Registered Office Address. SUITE # 302 DORAL, FL 33172

FILED 17 OCT 30 PM 7:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Maria Angélica Trak

Signature of a member or authorized representative of a member Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent